UNIT 3  WOMEN AND MENTAL HEALTH

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3.0  INTRODUCTION

In the earlier Units you learned about mental health in the children and elderly. In this unit you will learn about mental health of women. This has been dealt with in a separate unit as women traditionally had been neglected in the society and relegated to a secondary status in the society. However, women are the pillar of our society. Their contribution is equally important to the society. Yet women’s mental health has not received much attention. Due to the multiple roles women play and the various responsibilities they handle, women may be more susceptible to mental health problems and disorders which require special care and concern to identify and manage it effectively. For example, women entering into marriage in the Indian cultural system face unique set of roles and responsibilities that may have an impact on their mental health. Women may also suffer from depression and other mental health problems during pregnancy and post-partum period. Violence against women also has negative impact on the mental health of women. The present Unit will discuss women’s mental health problems and mental disorders, and the management and intervention aspect of it.

3.1  OBJECTIVES

After studying this Unit, you will be able to:

- explain mental health in women;
- describe the factors affecting mental health in women;
- understand the gender disparities in mental health; and
- describe management strategies and measures for improving women’s mental health.
3.2 MENTAL HEALTH IN WOMEN

The Constitution of India gives women the fundamental right to equality and the right not to be discriminated against on grounds of religion, caste and sex, but there is no mention of health-based discrimination between the sexes. Indeed, mental illnesses affect women and men differently — some disorders are more common in women, and some disorders manifest with different symptoms in men and women. Physical health and illness as well as mental health and illness are affected by various biological and psychosocial factors in both women and men. Women and men have differential power and control in the society related to their position, role and status. This also affects their susceptibility and exposure to specific mental health risks and their treatment. Further, this leads to gender-wise difference in the way the socioeconomic cultural determinants affect mental health.

Some facts related to mental health in women

- Leading mental health problems of the elderly are depression, organic brain syndromes and dementias. A majority are women.
- An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children.
- Lifetime prevalence rate of violence against women ranges from 16% to 50%.
- At least one in five women suffers rape or attempted rape in their life time.

(Source: http://www.who.int/mental_health/prevention/genderwomen/en/)

Women form an essential part of the society. As they represent one half of the human resource, their role and contribution to the society is crucial for the development of the society and nation. They play an instrumental role in the life of a human being as mother, wife, friend and care-giver. However, the understanding of women’s mental health has always been neglected. When women’s health issues have been addressed, activities have tended to focus on issues associated with reproduction – such as family planning and child-bearing – while the mental health aspect of women has received scant attention. Women, throughout their developmental stages ranging from childhood, adolescence, reproductive age, and middle age with menopause have specific psychological needs and requirements. This needs to be understood and taken care of to promote their mental health. Increasingly, women are becoming an essential part of the labor force, and in one-quarter to one-third of all households, they are the prime source of income (WHO, 1993, 1995). The multiple roles that women play puts them under greater stress and render them at greater risk of experiencing mental disorders than men in the community.

Gender-specific risk factors

Gender is a significant variable when we talk about the mental health of women. It is a critical determinant of mental health as well as mental illness. Gender has significant explanatory power with regard to susceptibility and exposure to mental health risks and differences in mental health outcomes. The gender specific determinants and mechanisms play an important role in protecting and promoting the mental health of women. Gender affects various aspects of our life leading to differential accessibility and availability of resources and facilities. It also contributes to difference in self evaluation, self concept, style of interpersonal interaction, spirituality, coping with stress and expectations. Sabiha and Pathak (2012), in their study have explored how gender factors interact to influence certain risk factors, help-seeking behaviour, treatment, care and social consequences.
Gender specific risk factors for common mental disorders that disproportionately affect women include gender based violence, low income, income inequality, care giving responsibility and low or subordinate social status in family and society. The common mental disorders that affect women more include depression, anxiety, somatic complaints and eating disorders. They are also faced with sexual violence and domestic violence that escalates their psychological distress. Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse combine to account for women’s poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression (WHO, 1997).

Depression contributes most significantly to the global burden of disease and it is the most frequently encountered women’s mental health problem (Piccinelli & Homen, 1997). Unipolar or major depression occurs approximately twice as often in women as in men and is predicted to be the second leading cause of global disease burden by 2020 (Murray & Lopez 1996). Higher rates of depression in women reflect a real gender difference in health rather than an artifact of help-seeking behaviour or willingness to report symptoms (Nazroo et. al. 1998; & Patel et. al. 2005). However, there are no marked gender differences in the rates of severe mental disorders like schizophrenia and bipolar disorder that affect less than 2% of the population. Even though there is a difference in the diagnosis, women face poor outcomes with regard to frequency of psychotic symptoms, course, prognosis and long term outcome of these disorders due to poor emphasis on their mental health aspects. The high prevalence of sexual violence to which women are exposed also puts them at high risk of Post Traumatic Stress Disorder (PTSD). The prevalence of alcohol dependence and antisocial personality disorder however are found to be more common in men than women.

The gender differences in the mental disorders may be due to the difference in reporting and communicating to the doctor about it. This again is governed by gender expectations of the society. The patriarchal, authoritarian nature of communication between health workers and women patients makes it difficult for women to express their psychological and emotional distress. Gender biases and stigmatization with regard to mental health problems hampers the availability of proper mental health care to women.

Failure to address women’s health in general and their mental health in particular has damaging social and economic consequences for communities both in the short and long term. Mental health of women need to be addressed in a holistic manner. Their needs are different, their roles and responsibilities differ, and their access to resources are limited. Hence we need to focus on women’s mental health issues specifically and deal with them adequately.

**Self Assessment Questions 1**

1) What are the gender specific risk factors for common mental disorders in women?

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2) Which disorder is predicted to be the second leading cause of global disease burden by 2020?
3.3 FACTORS AFFECTING MENTAL HEALTH IN WOMEN

As described earlier, women are adversely affected by the following:

- specific mental disorders, the most common being depression and anxiety disorder
- domestic violence
- sexual violence
- substance abuse

3.3.1 Mental Disorders

A meta-analysis of 13 epidemiological studies (WHO, 2000) in different regions of India revealed an overall prevalence rate of mental disorders in women of 64.8 per 1000 female population. The rate of common mental disorders such as depression, anxiety disorders and psychological distress are higher for women than men. These findings are consistent across a range of studies undertaken in different countries and settings (Desjarlais et al, 1995). The gender difference in depression is one of the most robust findings in psychiatric epidemiology. A comprehensive review of almost all general population studies conducted to date in the United States of America, Puerto Rico, Canada, France, Iceland, Taiwan, Korea, Germany and Hong Kong, reported that women predominated over men in lifetime prevalence rates of major depression (Piccinelli & Homen, 1997). This difference is documented in clinical and community samples and across racial groups (Kessler et al., 1994; Gater et al., 1998, WHO & ICPE, 2000). Depression may also be more persistent in women (Bracke, 2000) and female gender is a significant predictor of relapse (Kuehner, 1999). Data from the World Bank study revealed that depressive disorders accounted for close to 30% of the disability from neuropsychiatric disorders amongst women in developing countries but only 12.6% of that among men. The disparity in rates between men and women tend to be even more pronounced in underserved populations (World Bank, 1993).

In addition to the higher rates of depression and anxiety, women are much more likely to receive a diagnosis of obsessive compulsive disorder, somatization disorder and panic disorder (Russo, 1990). In contrast, men are more likely to receive a diagnosis of antisocial personality disorder and alcohol abuse/dependence. Women also have significantly higher rates of post traumatic stress disorder (PTSD) than men (Kessler et al, 1995).

In another study in an urban area of Brazil (Blue, Ducci, Jaswal, Lufdemir & Harpham, 1995), it was found that women were almost four times more likely than men to have a positive score on the Short Reporting Questionnaire (SRQ-20), which is indicative of having a mental disorder. A study of primary care attenders in Santiago, Chile found the prevalence of psychiatric morbidity to be 62% in women compared with 39% in men (WHO, 1997). Linzer et al. (1996); and Brown (1998) found women had a higher prevalence of most affective disorders and non affective psychosis and;
men had higher rates of substance use disorders and antisocial personality disorder. Lecrubier & Ustun (1998) report that women predominate in all three disorders—panic attacks, panic disorder and depressive disorder, and the combination of these disorders is linked to a higher rate of suicidality.

Explanations for the gender differences in mental disorders have been discussed in relation to different help-seeking behaviours of the sexes, biological differences, social causes and the different ways in which women and men acknowledge and deal with distress (Paykel, 1991). Blue et al, (1995) argue that while all these factors may contribute to higher rates of depression or psychological problems among women, social causes seem to be the most significant explanation. Women living in poor social and environmental circumstances with associated low education, low income and difficult family and marital relationships, are much more likely than other women to suffer from mental disorders. They conclude that the combined impact of gender and low socio-economic status are critical determinants of mental ill-health (Blue et al, 1995).

Studies in Indian population reveal the poor status of women’s mental health. The social hierarchy in Indian families results in neglect of Indian women's mental health needs. As Isaac and Kapur (1980) report, out of the 313 cases of common mental disorders, only 14 were reported by families. A study by Sandhya (1994) discusses the forced changes in life after widowhood which increases the mental distress of women. Sethi and Manchanda (1978) reported greater stress among female members in the completely joint families, as a result of the ‘conflict emanating from the desire to loosen the traditional family ties’. The traditional bio-medical approach to mental health ignores the impact of socio-cultural environment of women. As Astbury (2002) points out, for too many women, experience of self-worth, competence, autonomy, economic independence, and physical, sexual, and emotional safety and security, so essential to good mental health, are systematically denied because they are women. Hence, a culturally sensitive counseling is very crucial for protecting the mental health of women.

An extreme, but common expression of gender inequality is sexual and domestic violence perpetrated against women. These forms of violence contribute to the high prevalence of mental disorders experienced by women. These are described in more detail in the following two sections.

### 3.3.2 Domestic Violence

The prevalence of violence against women (VAW) is alarmingly high (WHO, 1998). Results of WHO multi-country study on women’s health and domestic violence (WHO, 2005) indicated that quarter to more than one-half of women reported being physically abused by a current or previous partner. Women compared to men are at greatly increased risk of being assaulted by an intimate (Kessler, Sonnega, Bromet et al., 1995). Violence in the home tends to be repetitive and escalate in severity over time (AMA, 1992) and encapsulates all three features identified in social research on depression in women: humiliation, enforced inferior ranking and subordination, and blocked escape or entrapment.

Violence results in low self-esteem and coping ability of women. It also increases their vulnerability for poor mental health and psychological disorders. Violence—physical, sexual and psychological—is related to high rates of depression and co-morbid psychopathology, including posttraumatic stress disorder (PTSD), dissociative disorders, phobias and substance use and suicidality (Roberts et al., 1998). The severity and duration of exposure to violence are highly predictive of the severity of mental health outcomes, even when other potentially significant factors have been statistically controlled.
in data analysis. This has been found in studies on the mental health impact of domestic violence (Campbell & Lewandowski, 1997; Roberts et al., 1998) and childhood sexual abuse (Mullen et al., 1993). The prevalence of mental health problems among those who have been abused is alarmingly high. Three population-based surveys have examined the relationship between spouse abuse and mental health problems (Gelles & Harrop, 1989; Mullen, Romans-Clarkson, Walton & Herbison, 1988; and Ratner, 1993). It has been shown from these studies that women reporting a history of spouse abuse have significantly higher scores on measures of psychopathology. They are also more likely to be identified as having a major mental disorder than non-abused women, and there is a positive relationship between the frequency and the severity of abuse and mental health problems. Common mental health problems experienced by abused women include depression, anxiety, post-traumatic stress disorder, stress, insomnia and alcohol use disorders as well as a range of somatic and psychological complaints. Battered women are much more likely to require psychiatric treatment and are much more likely to attempt suicide than non-battered women.

Other cultural specific forms of domestic violence include dowry death and female infanticide. In India, dowry death is perpetrated when dowry-related demands are not fulfilled. The perpetrator is often the husband or the parents-in-law, and frequently females commit suicide (Heise et al, 1994; Desjarlais et al, 1995). Female infanticide is commonly practised in parts of Asia. A survey by Desjarlais et al (1995) indicated that over 50% of women in their sample in China had killed a baby daughter. Women are forced to carry out infanticide due to family pressure and desperate living circumstances, leaving them to deal with the burden of remorse and guilt.

Gender-based violence operates to exert control and superiority over women, further weakening their social position and voice. The fallouts are unemployment, reduced income, less power and autonomy, and lack of control over varied aspects of their lives. This limits their access to resources and services.

### 3.3.3 Sexual Violence

Sexual violence and sexual harassment affect the mental health of women in a major way. Women experience higher rates of sexual and physical victimization, and more comorbid anxiety, depression and medical illness than men (Brunette & Drake, 1998). Rape, forced prostitution, sexual abuse, sexual remarks and advances etc. leave a major impact on the mind of women. The secondary status of women and the way the society views women are reflected in the objectification of women that leads to many crimes against women.

Owing to the nature of their role, position and status in the society, women face a greater range of stressors in their life, putting them at more risk for their health and mental health. Attitudinal disparities in gender roles and expectations makes them more vulnerable to greater risk for mental health and psychological disorders. Physical and psychological violence against women has negative impact on women and leads to serious mental health consequences. It is denial of basic human rights for women. It is the women who become victims and suffer in a major way in any kind of socio economic political and cultural changes. Rape is widespread throughout the world and even more pronounced in countries going through societal disorganisation and political upheaval. In cases of war and conflicts, it is the girls and women who endure sexual violence.

Health professionals are crucial first responders to rape survivors, yet many receive little training with regard to attending to the mental health aspects of women in such
situation and providing psychological counseling to them. The whole system, including
the health care workers, police, lawyers and judges need to be sensitive to the mental
health of women who have faced sexual violence.

The trauma of sexual violence may lead to mental health consequences such as anxiety,
guilt, fear, avoidance, sexual dysfunction, eating disorder, disturbed sleep etc. The severe
mental health consequences include major depression, generalized anxiety disorder,
post-traumatic stress disorder, obsessive compulsive disorders, suicidal tendency, and
alcohol and drug use disorders. In some countries, women not only have to deal with
the emotional and psychological impact of the rape act, but they must also have to
contend with cultural beliefs that equate a woman’s worth with her virginity. Instead of
providing support to victims of sexual abuse, they are forced to marry the rapist in
order to avoid the stigma of individual and family dishonour. Many women turn to
prostitution or suicide as a result of the stigma, and others are killed by family members
(Heise, et al, 1994). Involuntary prostitution, in which women are transported to distant
destinations and sold to bars or brothels, is a major problem. Trafficking for sex is a
major issue. Women are exposed to severe physical, psychological and sexual abuse
with little opportunity to escape.

Thus women are made victims of a crime which another person has committed. Unfortunately, this is only one such crime where the perpetrator is either considered
leniently, not disclosed in the name of family honour, forgiven in the name of masculinity,
or easily integrates into the society. Whereas the victim, the woman faces the burden of
social stigma, dishonour, disrespect and blame. Instead of getting the much required
family and social support, she is isolated on every count which affects her mental health
negatively.

Sexual violence is also evident at a more subtle level in the day-to-day living conditions
of many women in the under-developing and poor countries. Cultural norms and
constraints bind women in their decision-making and leave them with little control over
their sexuality. This puts them at great risk of acquiring sexually transmitted diseases
(Desjarlais et al, 1995). Sexual harassment has acquired greater proportions in recent
times and has become widespread occurring in public transport, on the road, educational
institutions and workplaces.

Government and civil society organizations must come forward to tackle this growing
menace of violence against women. It is of crucial importance to identify women who
have suffered or are currently experiencing violent victimization. When the woman suffers
it silently, it increases the severity of mental disorders and leads to higher rates of
depression and post traumatic stress disorder. As Mazza & Dennerstein (1996) point
out, violence-related mental health problems are poorly identified, victimization histories
are not routinely taken and women are reluctant to disclose a history of violent
victimization unless physicians ask about it directly. At the same time, violent victimization,
especially severe childhood sexual abuse (CSA), significantly predicts admission as an
inpatient to a psychiatric facility during adulthood.

Women constitute an equal and important half of our population and society. Hence
their well-being and safety need to be given equal importance for the society to progress.

3.3.4 Substance Abuse
A recent report prepared by WHO (1993) documents issues related to women’s
substance use. Although there are variations between countries, rates of substance
abuse by women – particularly abuse of alcohol, tranquilizers and analgesics – are
increasing around the world. However, despite increasing rates, services to assist women
are limited. In most countries substance abuse has been traditionally viewed as a problem of men, and as incompatible with a woman’s nature and role in society. Consequently this has led to considerable stigma for women who abuse substances. Even where services exist, they have been developed according to the needs of male substance abusers; women are reluctant to avail of such services not only because of the associated stigma but also due to the cost of treatment.

Support groups and self-help groups can help women deal with the problem. Family members, counsellors, friends and health care workers can provide the much needed care and support to meet the mental health needs of such women. Support resources for substance abusers are counsellor, family members, significant peers and school or treatment staff. Group therapy is an effective intervention method with abusers. It facilitates the process of recovery of addicts.

Sharing of experiences by the abusers shows them ways to empower each other. Self-help groups of abusers are more effective as they generate confidence and help in finding ways to deal with problems. Group therapy is an effective intervention method with abusers. It facilitates the process of recovery of addicts (Gonet, 1994).

### Self Assessment Questions 2

1) What are the common mental disorders faced by women?

2) Name the cultural specific forms of domestic violence.

### 3.4 PROMOTION OF WOMEN’S MENTAL HEALTH

Promotion of women’s mental health is very crucial to ensure effective contribution from one half of the human resource. As pointed out earlier, women play a multitude of roles that puts a lot of burden on them. The society also has lot of expectations from women who are bound by the socio cultural demands and responsibilities. Hence it is necessary to undertake appropriate intervention strategies to promote and improve the mental health of women.

According to WHO research, there are three main factors that are highly protective against the development of mood disorders, especially depression in women. These are:

- having sufficient autonomy to exercise some control in response to severe events.
- access to some material resources that allow the possibility of making choices in the face of severe events.
- psychological support from family, friends, or health providers is powerfully protective.

(Source: www.who.int/mental_health/prevention/genderwomen/en/)
World Health Organization (WHO-A Focus on Women, 1997) advocates the following things for the promotion of women’s mental health and protect them against violence:

- build evidence on the prevalence and causes of mental health problems in women as well as on the mediating and protective factors;
- promote the formulation and implementation of health policies that address women’s needs and concerns from childhood to old age;
- enhance the competence of primary health care providers to recognize and treat mental health consequences of domestic violence, sexual abuse, and acute and chronic stress in women;
- building the evidence base on the scope and types of intimate partner and sexual violence in different settings and supporting countries’ efforts to document and measure this violence and its consequences. This is central to understanding the magnitude and nature of the problem at a global level;
- strengthening research and research capacity to assess interventions to address partner violence;
- developing technical guidance for evidence-based intimate partner and sexual violence prevention and for strengthening the health sector responses to such violence;
- disseminating information and supporting national efforts to advance women’s rights and the prevention of and response to intimate partner and sexual violence against women; and
- collaborating with international agencies and organizations to reduce/eliminate intimate partner and sexual violence globally.

Gender sensitive services are essential in enhancing the status and offering of mental health care and service to women. It is important to understand the unique needs and requirements of women in relation to the different roles they play. Accordingly, services must be designed and rendered. This will help reduce the gender disparities in mental health diagnosis, care, access and treatment.

A three pronged approach can be adopted for the protection and promotion of women’s mental health such as prevention, treatment and rehabilitation. A comprehensive plan to improve women’s mental health requires action at a number of levels such as: the development of policies and legislation, interventions through population-based settings, ensuring that community services and supports are adequate and accessible, supporting and promoting grassroots activities, and utilizing media-based strategies to promote community awareness of the problem and the means available for its management. The following areas/ aspects can be outlined to address the issue of promotion of women’s mental health.

### 3.4.1 Policies and Legislation

A key area of action is the development and implementation of policies and legislation to overcome gender inequalities for women in health, education and employment and to recognize acts such as physical and sexual abuse as criminal offences. Even if legislation exists, but is not effective; strategies to determine the barriers to its implementation need to be explored and addressed. In some cases policies and legislation may need to be revised; in other cases, it may be necessary to increase community awareness. For example, in relation to violent crimes against women it is not sufficient simply to have legislation or a policy on paper – the criminal justice system, health care workers and...
the community at large need to be aware of the policy. It may be noted here that sometimes the legal provisions have been misused to settle scores and take vengeance; thus turn into instruments of oppression rather than protection. However, far from being dejected, this should further underlie the importance of having stringent laws, and their fair, objective and honest implementation.

Mental health of women need to be emphasized as a policy matter. It can be included in the District Mental Health Programme so that it can reach to a larger population of women and benefit their mental health.

A focus on gender in the mental health policy will lead to consideration of gender-specific risk factor reduction strategies, as well as gender sensitive services and equitable access to them. Gender-acquired risks are multiple and interconnected. Many arise from women’s greater exposure to poverty, discrimination and socioeconomic disadvantage. The concept of ‘meaningful assistance’ in mental health care needs to be promoted. Meaningful assistance implies a patient centred approach. Gender disparities in mental health will not be reduced until women’s own mental health concerns and life priorities are taken into account in programme design and implementation (Avotri & Walters, 1999).

### 3.4.2 Education and Training

Education and training can be crucial components in bringing in attitudinal and behavioural changes at the individual and societal level. Understanding the unique role played by women is important. Creating awareness about having appropriate attitude and interaction with women is crucial. Child rearing practices also need to take care of the patriarchal approach and develop an appropriate attitude about women. Suitable interventions targeting the social and physical environment can be carried out to facilitate women’s well-being.

Women themselves also need to be aware of the various legal provisions and facilities available for them, e.g., they need to know about the Domestic Violence Act, 2005. They also need to be aware of what constitutes sexual harassment, abuse and violence. Patriarchal value system may block their expression and action; however, women need to know about their rights and exercise it.

Awareness and training of health professionals, health workers and community workers at the grassroots level focusing on women’s mental health are necessary. Various women’s organizations, voluntary agencies and youth groups also need to be sensitized about the mental health needs of women in case of violence against women, abuse and disasters. Primary care setting, workplaces and the criminal justice system are some of the important settings to create awareness regarding the mental health problems experienced by women and ways to improve their mental health. Special groups within communities also require information, education and training in relation to women’s mental health. Roles and responsibilities of the primary health centre physicians, police, magistrates and lawyers etc. who are involved in cases of violence against women need to be clearly understood and any discriminatory attitude towards women need to be addressed. They can extend a positive and responsive service and ensure meeting the mental health needs of women in such situations.

### 3.4.3 Primary Health Care

Primary health care is an important setting in which one can inform both women and men on pertinent issues related to women’s mental health. Primary care is by definition the most accessible form of health care for the population. The primary care setting
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presents an opportunity to provide comprehensive and holistic care as also opportunities for carrying out prevention and health promotion activities. Providers are regarded as knowledgeable and credible sources of health information and, therefore, have great potential to influence behaviour in a way that furthers the mental health of women. The setting provides an opportunity to raise sensitive and confidential issues, and care providers can adopt a personalized approach to communicate information about mental health in general and about women’s mental health in particular.

Primary health care settings play an important role in the health care of the population. Detection and appropriate diagnosis of psychological disorders, and proper treatment and appropriate referral of it wherever required will contribute in a major way in meeting the mental health care needs of the people. All health care providers need to be better trained so that they are able to recognize and treat the common disorders and do appropriate referral. They need to be aware of the gender specific risk factors and need to be responsive to the psychological issues of women to be able to provide required counseling. Skill in trauma focused counselling is a priority for clinicians in all health sectors who encounter women (Acierno, Resnick and Kilpatrick, 1997).

Women and mental health can be an important agenda of District Mental Health Programme (under National Mental Health Programme). The Government of India has launched the National Mental Health Programme (NMHP) in 1982, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it. Aims of this programme are,

a) prevention and treatment of mental and neurological disorders and their associated disabilities.

b) use of mental health technology to improve general health services, and

c) application of mental health principles in total national development to improve quality of life.

Primary care providers are critical in helping to recognize mental illnesses among women. Indeed, many individuals with mental illnesses can be diagnosed through primary care physicians and other general medical care providers. This will ensure timely care and treatment. However, as the data suggests, only 2 in every 5 people experiencing a mood, anxiety or substance use disorder report seeking assistance in the year of the onset of the disorder (WHO & ICPE, 2000). Hence, it is crucial that primary health care settings need to be emphasized in the mental health of people. This is particularly important for women, who are at higher risk for the common mental disorders. Women are also more likely than men to visit a primary care setting.

3.4.4 Workplaces

The workplace plays an important role in the mental health of a person. The environment at the workplace and the nature of interpersonal interactions at the workplace can exert a two-way influence. Thus, the workplace can affect the mental health of the person and also the mental well being of the person can affect the work output or productivity. Hence it is important to create a conducive atmosphere at the workplace that will promote and take care of the mental health of women. The workplace offers an opportunity to create awareness and sensitize the men folk also regarding the mental health concerns of women. Education and intervention programmes can be taken up to address mental health issues of women.

Workplace mental health interventions can reduce accessibility barriers, given that
programmes can be conducted during working hours or immediately preceding or following work. It also provides other advantages like the convenience of the workplace for employees to attend programmes, the opportunity to reach a large segment of the working population, the opportunity to make modifications to the physical environment, (e.g. the introduction of policies for alcohol and other drugs), the opportunity to provide structured programmes addressing health issues, and particularly the potential to influence groups – not just individuals – and the associated benefit of being able to alter social norms.

3.4.5 Community Action

Activities and programmes at the grassroots level can have a far reaching impact on influencing the conditions and factors influencing women’s mental health. Community-based approaches, facilities and support systems such as child care centres/creches, nursery schools, self-help groups etc. will provide the much needed support to women and reduce their burden and stress. The media can also be used to promote community awareness as well as promote positive and supportive attitude and behaviour in relation to women’s mental health performing the role of advocacy.

Since women can have easy access to community based health care services, improved facilities and gender sensitive counselling services by psychologists, social workers and health care workers will take care of the mental health of women to a great extent.

Self Assessment Questions 3

1) Why gender sensitive mental health services are essential?

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2) What is NMHP?

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3.5 LET US SUM UP

Women represent 48% of the Indian population and they are the pillar of the family. Yet, women’s mental health is a neglected area. Women not only have a higher risk of developing many psychiatric disorders, especially depression but their access to treatment is also undermined by their subordinate position in a patriarchal society. This Unit highlighted the mental health problems of women and the gender disparity in mental health problems and treatment access.

According to the 1998 World Health Report, “Women’s health is inextricably linked to their status in society. It benefits from equality, and suffers from discrimination (WHO, 1998: 6). In every country, gender development continues to lag behind human development (UNDP, 2000) or as an earlier Human Development Report (UNDP,
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1997) put it: ‘no society treats its women as well as its men’. Research is needed to understand the issues of mental health in women and the gender disparities pertaining to mental health problems. It may be noted that in spite of adverse situations and negative experiences in their life marked by violence and abuse, women also exhibit resilience and the capacity for good mental health.

Hence a comprehensive approach is required to understand the mental health of women and promote it for the benefit of the entire nation.

### 3.6 ANSWERS TO SELF ASSESSMENT QUESTIONS

#### Self Assessment Questions 1
1) The gender specific risk factors for common mental disorders in women include gender based violence, low income, income inequality, care giving responsibility and low or subordinate social status in family and society.
2) Depression is predicted to be the second leading cause of global disease burden by 2020.

#### Self Assessment Questions 2
1) The common mental disorders faced by women include depression, anxiety disorder, somatisation disorder and post-traumatic stress disorder.
2) The cultural specific forms of domestic violence include dowry death and female infanticide.

#### Self Assessment Questions 3
1) Gender sensitive mental health services are essential because of the unique needs and requirements of women in relation to the different roles they play.
2) NMHP is National Mental Health Programme.

### 3.7 UNIT END QUESTIONS
1) Discuss the issue of domestic violence and its’ adverse impact on women’s mental health.
2) Explain the role of society in causing mental health problems in women and how society can play an instrumental role in promoting women’s mental health.
3) Gender has a significant influence on the mental health of women. Discuss.
4) Describe the importance of primary health care in meeting the mental health needs of women.
5) How can we make workplaces conducive to the promotion of women’s mental health?

### 3.8 REFERENCES


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3.9 SUGGESTED READINGS